

STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of

DECISION
FOO/169058

PRELIMINARY RECITALS

Pursuant to a petition filed September 30, 2015, under Wis. Admin. Code § HA 3.03(1), to review a decision by the Kenosha County Human Service Department in regard to FoodShare benefits (FS), a hearing was held on October 29, 2015, at Racine, Wisconsin.

The issue for determination is whether the agency properly terminated the Petitioner's FS benefits effective November 1, 2015.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Madeline Rice

Kenosha County Human Service Department 8600 Sheridan Road Kenosha, WI 53143

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES #) is a resident of Racine County.
- 2. On September 16, 2015, the Petitioner contacted the agency to report new employment with

- 3. On September 17, 2015, the agency issued a Notice of Proof Needed to the Petitioner requesting employment verification. The due date for the information was September 28, 2015. No verification was submitted to the agency.
- 4. On September 29, 2015, the agency issued a Notice of Decision to the Petitioner informing him that his FS benefits would end on November 1, 2015 due to failure to provide requested employment verification.
- 5. On September 30, 2015, the Petitioner filed an appeal with the Division of Hearings and Appeals.
- 6. On October 16, 2015, the Petitioner submitted employment verification to the agency. He works 40 hours/week at \$8.50/hour for a total gross monthly income of \$1,462. Effective November 1, 2015, the agency determined the Petitioner is eligible for \$16/month in FS benefits.

DISCUSSION

In determining the amount of FS to be issued each month, the agency must budget all of the recipient's nonexempt income, including earned and unearned income. 7 C.F.R. §273.9(b). From that income, certain deductions are allowed. The deductions include a standard deduction, which currently is \$155 per month for a one-person household. 7 C.F.R. §273.9(d)(1); FoodShare Handbook (FSH), § 4.6.2. Another deduction is the earned income deduction, which equals 20% of the household's total earned income. 7 C.F.R. §273.9(d)(2); FSH, § 4.6.3. A third possible deduction is for medical expenses exceeding \$35 in a month for elderly or disabled persons. 7 C.F.R. §273.9(d)(3); FSH, § 4.6.4. A fourth deduction is for child/dependent care. 7 C.F.R. §273.9(d)(4); FSH, § 4.6.6. The final deduction is for shelter expenses; the deduction is equal to the excess expense above 50% of net income remaining after other deductions. 7 C.F.R. §273.9(d)(5); FSH, § 4.6.7.

In this case, the Petitioner does not dispute that his employment verification was not submitted by the due date. He also does not dispute that his gross monthly income is \$1,462. He testified that his current employment is a temporary job. He also testified that he lives with his girlfriend and is unsure how much of his pay is used by her to pay the rent. He was advised to have a statement submitted to the agency with the amount of rent that he pays each month so that the agency can review his FS allotment.

Based on the information provided, I conclude that the agency properly acted initially to terminate the Petitioner's FS benefits based on lack of verification and then properly determined his FS benefits at \$16/month based on the information reported by the Petitioner. The Petitioner was advised that he should report any changes in income or shelter expenses to the agency and a new determination with new appeal rights would be issued.

CONCLUSIONS OF LAW

The agency properly determined the Petitioner's FS benefits.

THEREFORE, it is

ORDERED

That the Petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received** within 20 days after the date of this decision. Late requests cannot be granted.

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Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee, Wisconsin, this 24th day of November, 2015

\sDebra Bursinger Administrative Law Judge Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on November 24, 2015.

Kenosha County Human Service Department Division of Health Care Access and Accountability